

59th Medical Wing



U.S. AIR FORCE

59 MDW Vascular Surgery Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 16 Mar 05

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

Revised Financing Overview

Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual 59 MDW Performance FY04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

➡ Bottom-line: -\$9.4M

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% “At Risk”; FY06: 50%...

Source: P2R2 Virtual Analyst website

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

Vascular Surgery Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- Surgeries
- Private Sector Care/Purchased Care
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections

Vascular and Endovascular Surgery Clinic Description

- Flagship peripheral vascular surgery support.
Largest Vascular Group in USAF
- Conservative, open and endovascular surgical management of arterial, venous, and lymphatic diseases
 - **Atherosclerosis**
 - **Atheroembolism**
 - **Aneurysmal Disease**
 - **Arteridites/Non-atherosclerotic disease**
 - **Venous thromboembolism**
 - **Venous reflux/stasis/ulceration**
 - **Lymphedema**
 - **Vascular Malformations (acquired/congenital)**
 - **Hemodialysis access**
 - **Thoracic Outlet Syndrome**
 - **Trauma (life/limb salvage)**

Vascular and Endovascular Surgery

Clinic Description (Con't)

- Comprehensive Non-invasive Vascular Laboratory (duplex ultrasound, screening, segmental pressures, exercise testing)
- Endovascular Surgery Program
 - percutaneous and combined procedures
 - Endovascular Aneurysm Repair
 - Carotid Stenting
- Collaborative Efforts (BAMC, UT, WHMC endovascular working group)
- Wartime mission as vascular trauma consultants 332nd AEF/EMDG
- 8 OR Days/Month

Vascular and Endovascular Surgery WHMC Visions

- Development of Combined Division with UTHSCSA encompassing Program for Over 65 Beneficiaries.
- Vascular Surgery Clinical and Basic Investigation Programs
- Combined WHMC/BAMC “Military Vascular Surgery” Service
- Work toward San Antonio Vascular and Endovascular Surgery Fellowship Program
- *“Readiness Enhancing, Career Building and Fiscally Benefiting”*

Vascular and Endovascular Surgery

GME Responsibilities

- No Vascular Fellowship at WHMC
 - Surgery PGY 4, PGY 2, PGY 1(2)
 - Integrated Surgical Residency (UT/WHMC)
Assistant Military Program Dir (WDC)
 - OR Starts:
 - 2 OR Starts/week
 - Block Endovascular Time in IR
 - Still waiting for appropriate OR endovascular support (EVAR and CAS standard of care).
SGROCC Endosuite vs. mobile resources
 - Booked clinics and surgery wait 4-5 weeks

Vascular Surgery Staffing

	Authorized					Assigned				
	Mil	GS Civ	K	Total		Mil	GS Civ	Contract	Total	Staffing
45S3E	4	0	0	4		3	0	0	3 (2 Avail)	50%*
4N051										
Admin (4A0X1)										
Secretary (3A051)										
Total Support Staff										

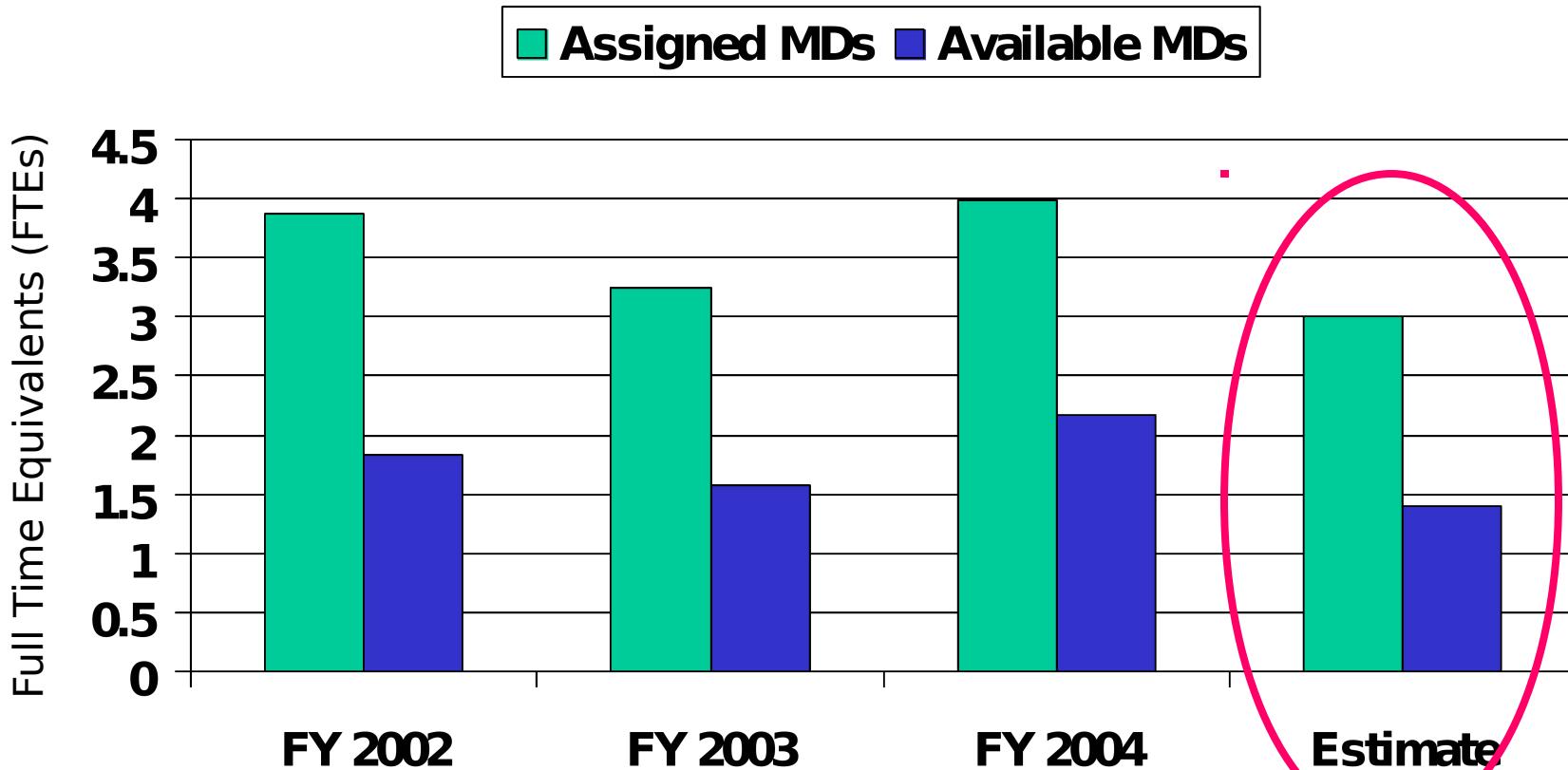
Rolled up into
Gen Surg Staffing

Will be down to **1 MD May 05 for 4-6 weeks**
When Rasmussen returns/Clouse departs

3 Physicians

Maj Rasmussen (Jan-May 05)
Maj Clouse (deploy May-Sep 05)
Maj Eliason (deploy FY06)

Vascular Surgery Assigned/Available MDs (MEPRS)



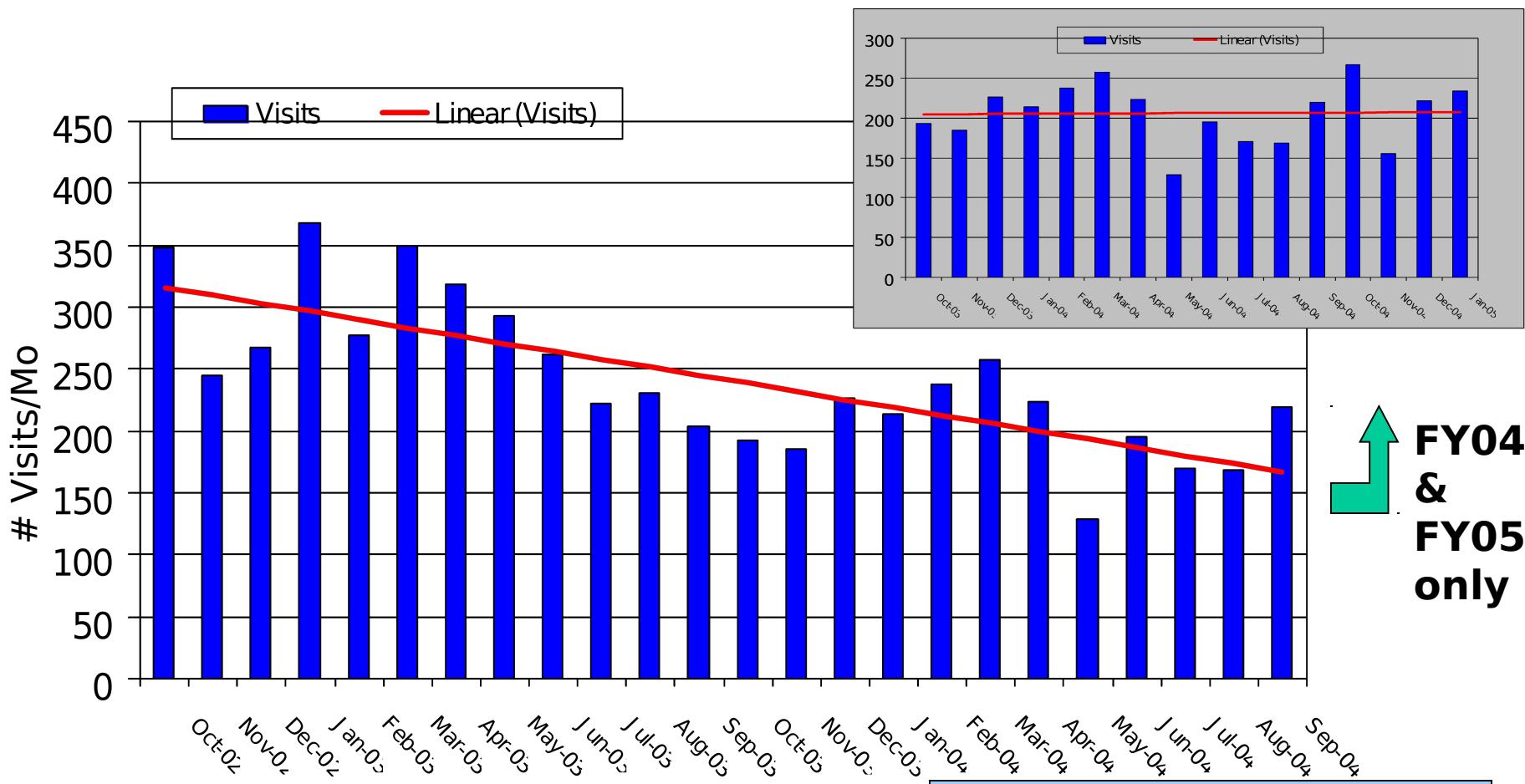
- FY04 Avg MEPRS: 2.17 avail vs. 1.4 Estimate
- FY05 Estimate: 3 assigned; only 2 are clinically available (deployment) = $2 \times .7 = 1.4$

Vascular Surgery Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03: 0
 - FY04: 0
 - FY05: Maj Rasmussen (Jan-May 05); Maj Clouse (May-Sep 05)
 - FY06: Maj Eliason to Balad Jan-May 06
- Taskings in Turtle Model:
 - As 45S3E: FY06: $9/10 = 120$ days
 - As 45S3 Sub:
 - Basic: 2 per cycle = 720 days
 - +25: 1 per cycle = 360
 - Aug: 2 in 1 / 2 and 5 / 6: 480 days
 - 3 WHMC Vascular Surgeons “At Risk” to deploy 1-2x every 20 month cycle

Vascular Surgery

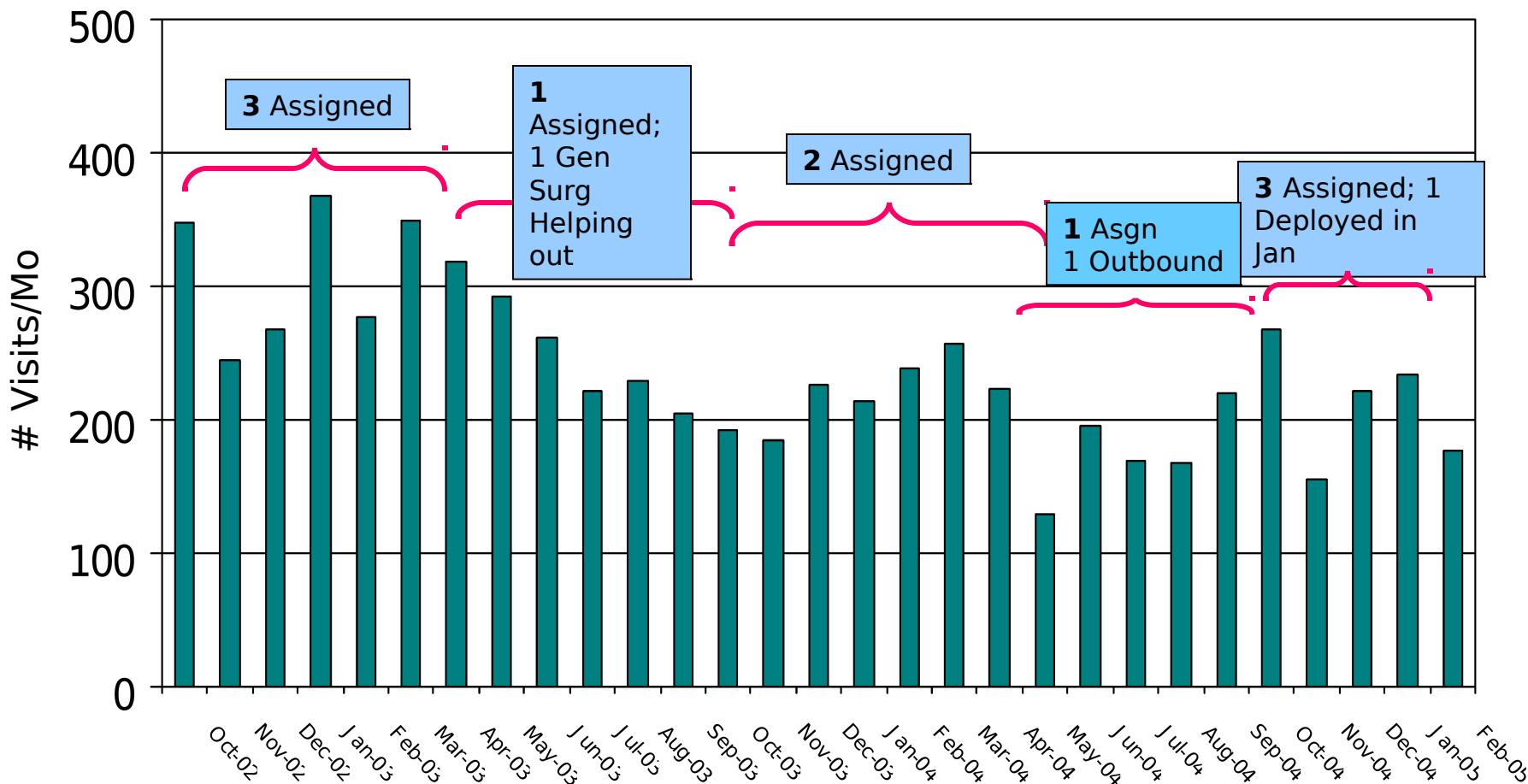
Total OP Visits FY03-FY04



Source: Worldwide Workload
WHMC Intranet/E.I.C.

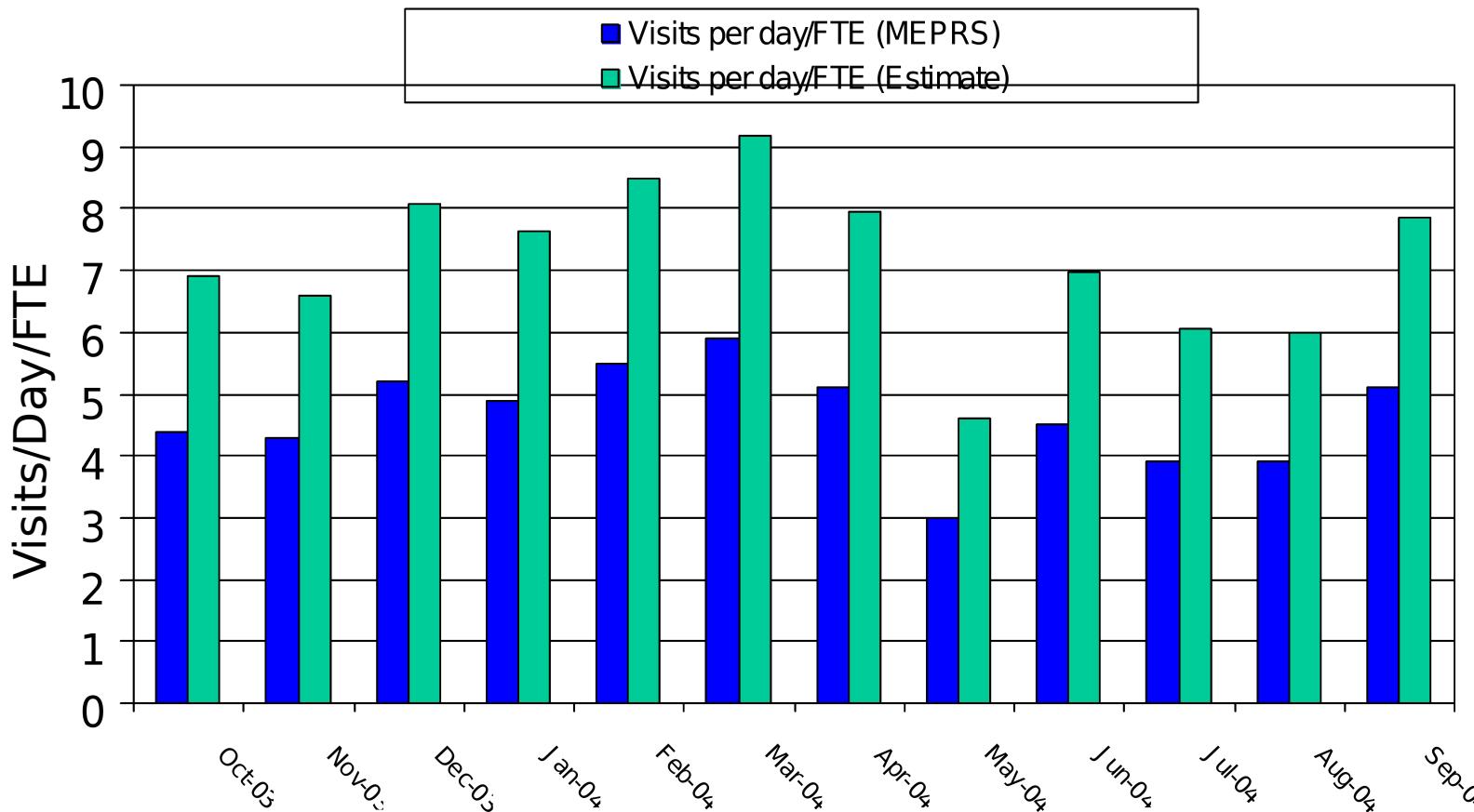
- FY03: 282/mo
- FY04: 202/mo or -28% (Staffing)
- FY05: 211/mo (up 4% over FY04)
- Visits increasing in FY04/5 (inset)

Vascular Surgery Total OP Visits & Staffing Issues



Vascular Surgery

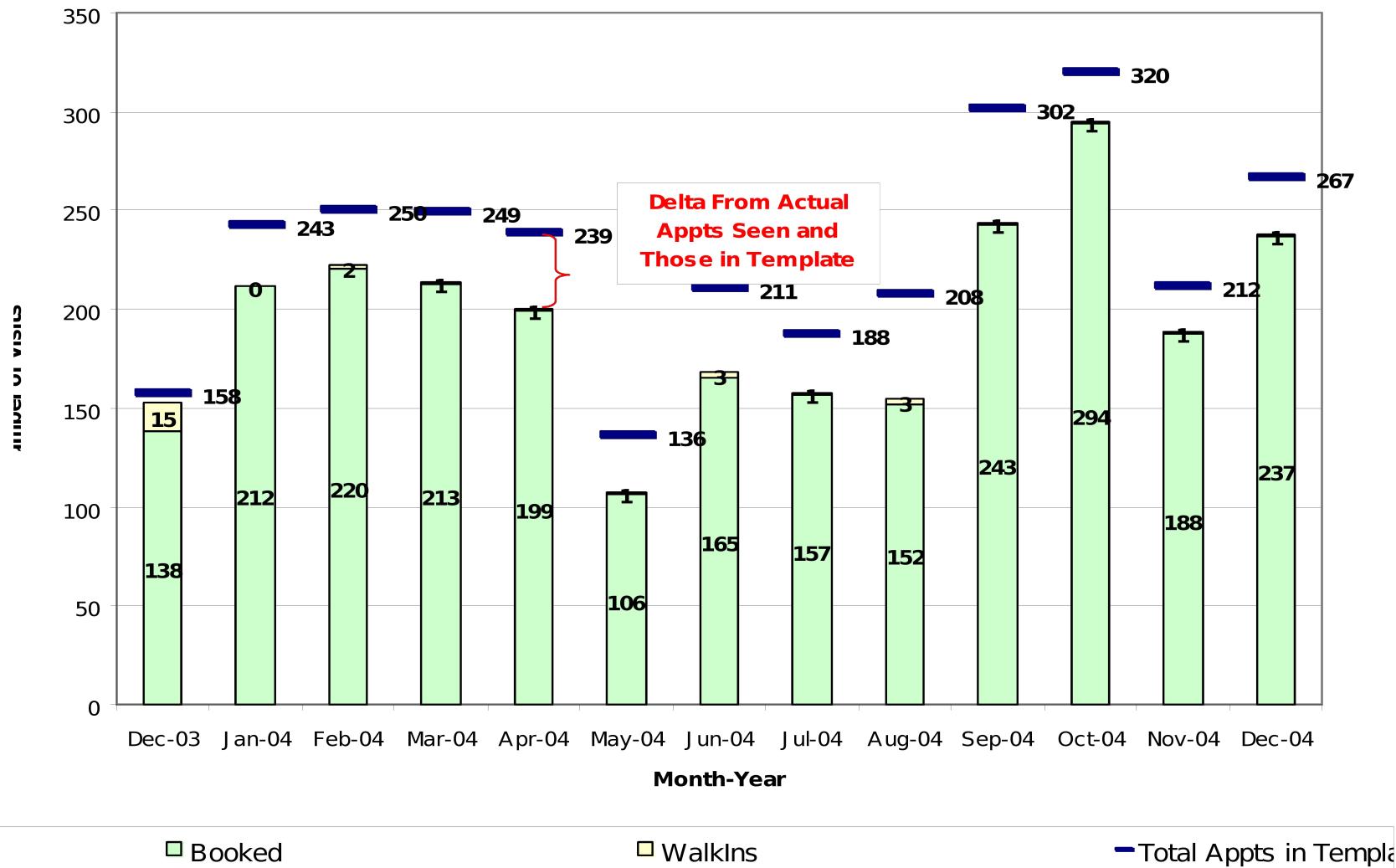
FY04 Total OP Visits/Day/FTE



- Monthly x MEPRS Avail @ 20 days/mo
 - This is what Air Staff sees when they look at Visits divided by MEPRS available
- Estimate: AD avail/mo x 0.7 weight

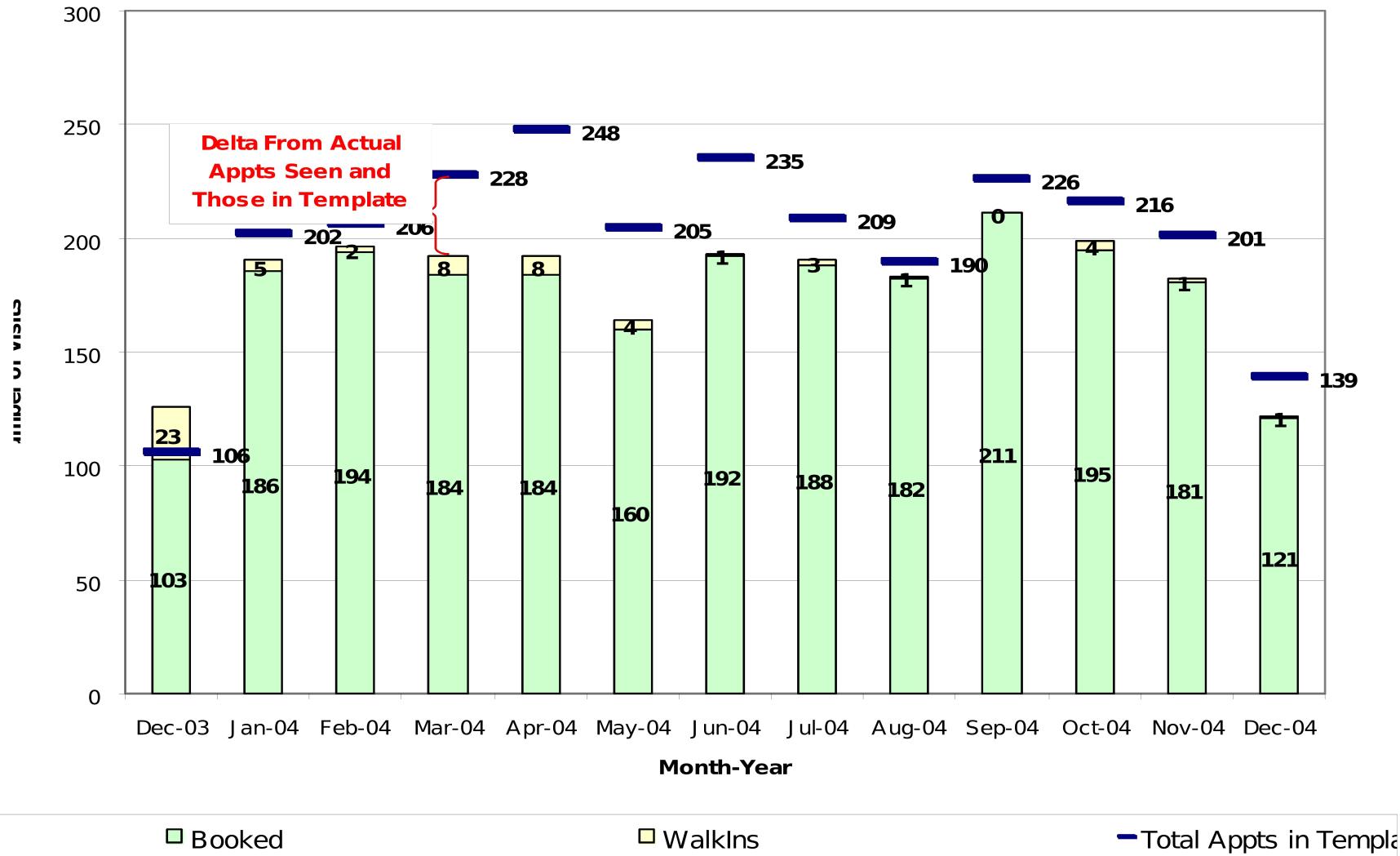
- MEPRS: 4.6 per day/FTE
- Estimate: 7.2 per day/FTE
- Ensure MEPRS corrected to give accurate picture of workload

Vascular Surgery Clinic Templates (Dec 03 - Dec 04)

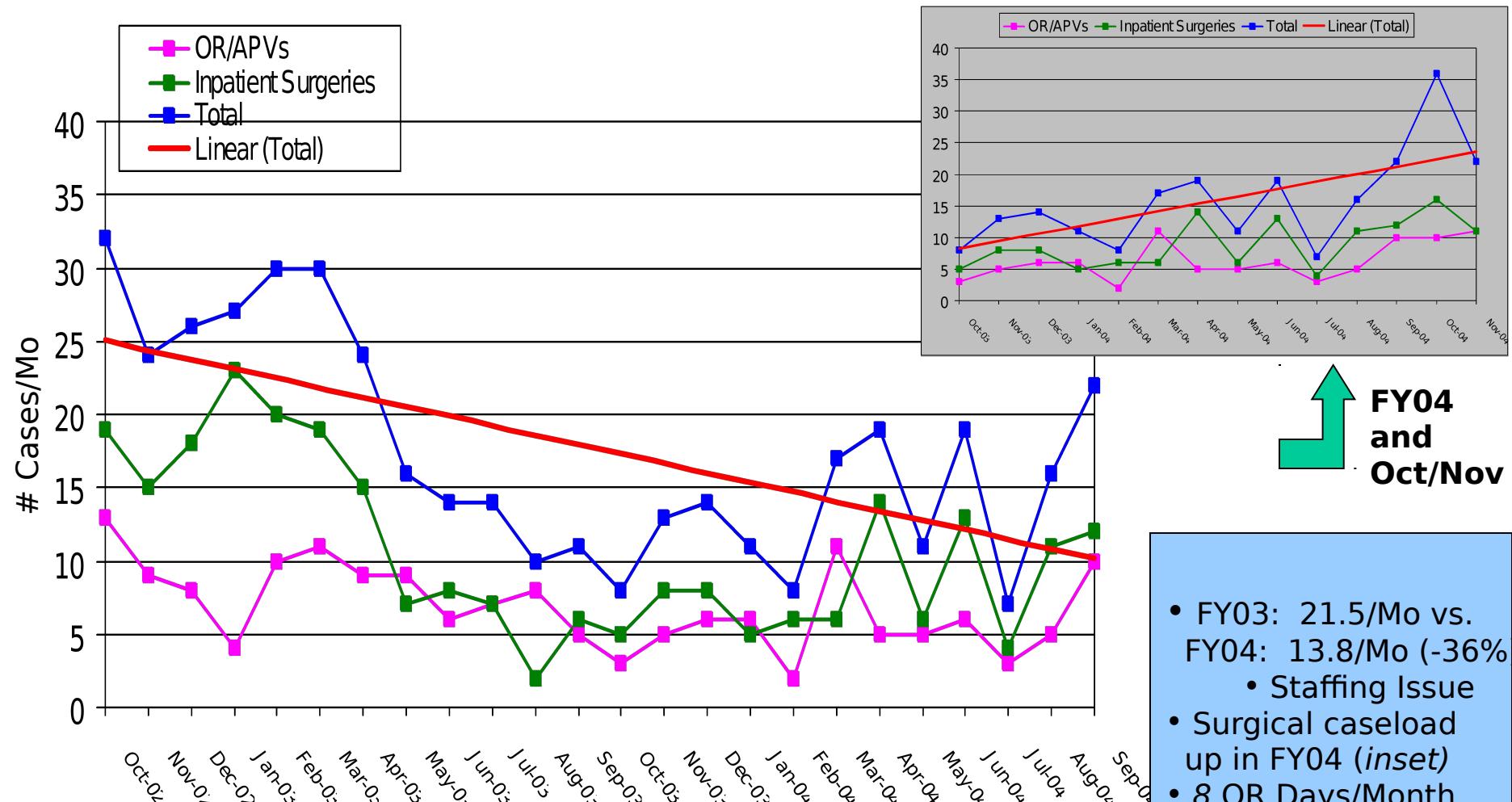


Vascular Ultrasound

Templates (Dec 03 - Dec 04)

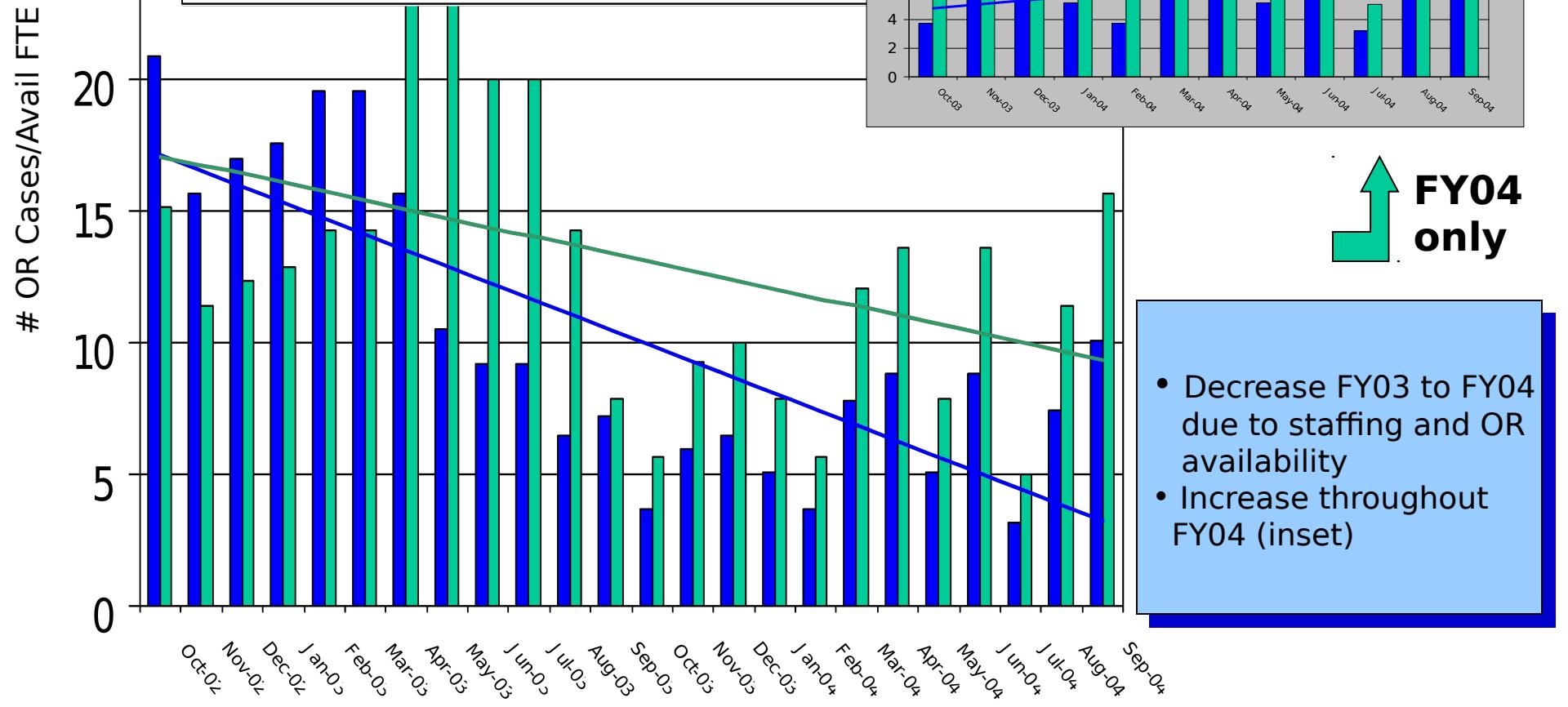


Vascular Surgery Surgeries and OR/APVs FY03-FY04



Vascular Surgery

OR Cases/Avail FTE FY03-FY04



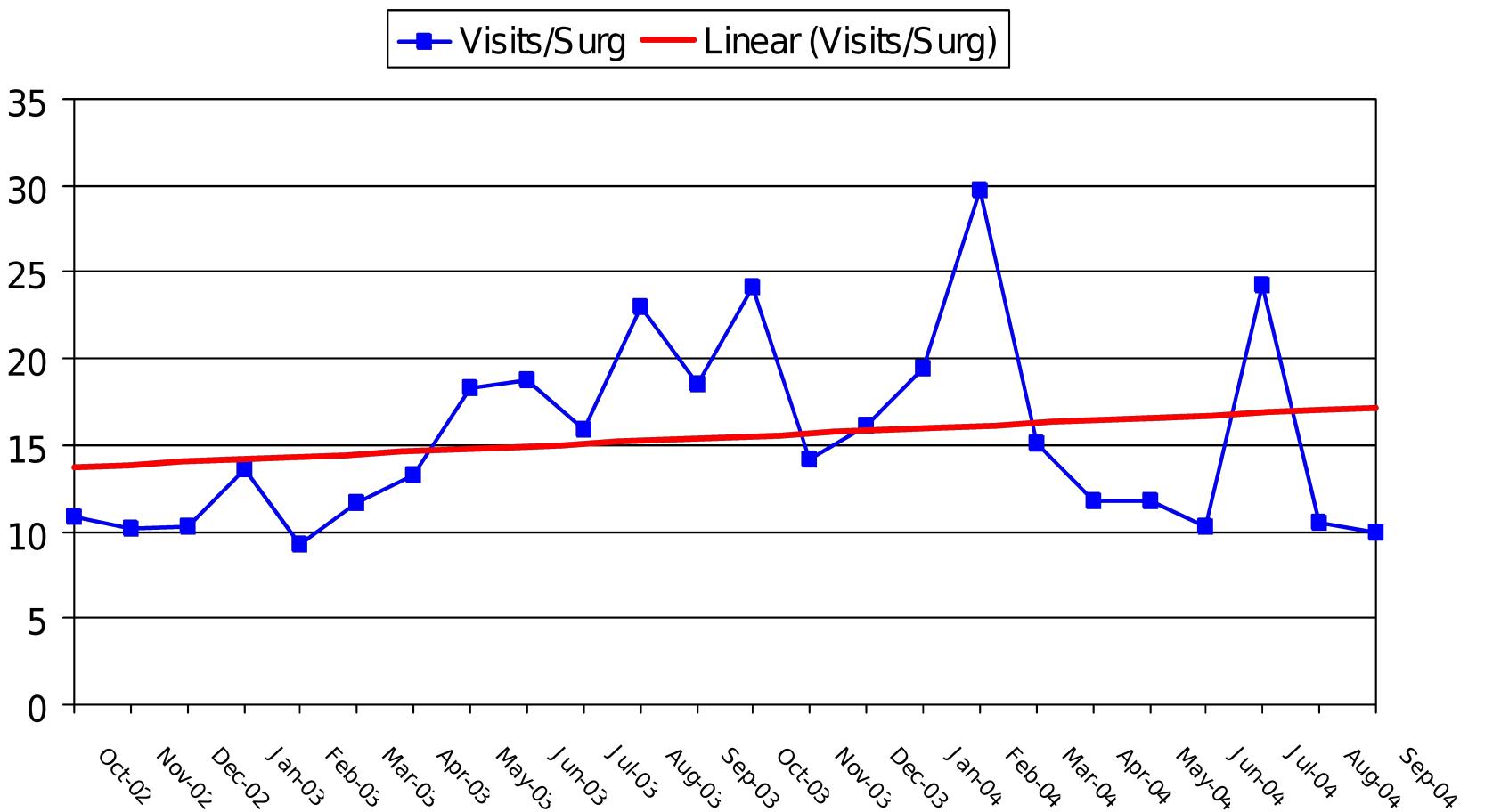
* Five to 3

- Decrease FY03 to FY04 due to staffing and OR availability
- Increase throughout FY04 (inset)



Vascular Surgery

Visit per Surgical Procedure FY03-FY04



- FY03: 14.5 vs. 16.4 in FY04
- Down to ~7.4 visits/OR case In FY05

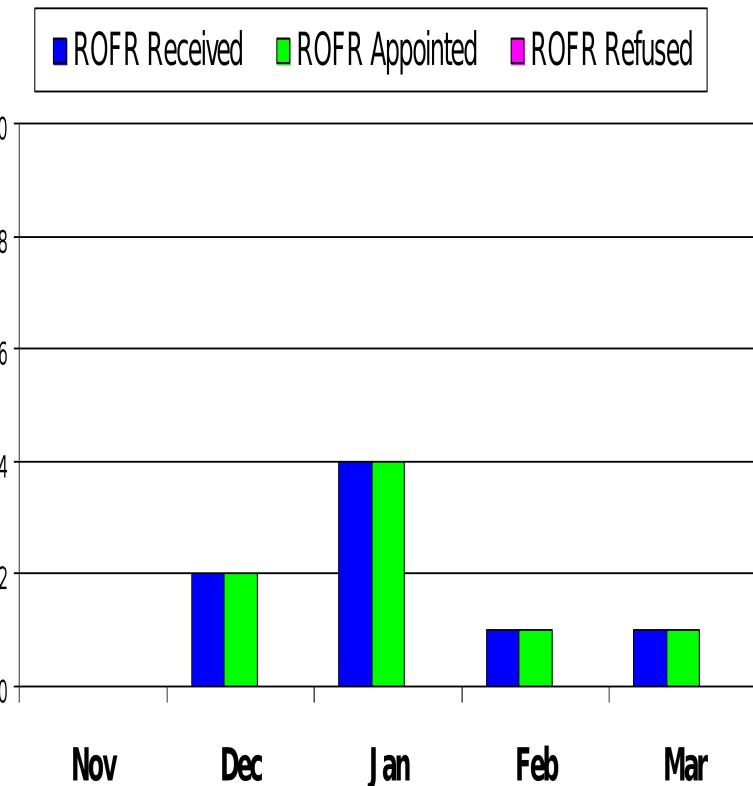
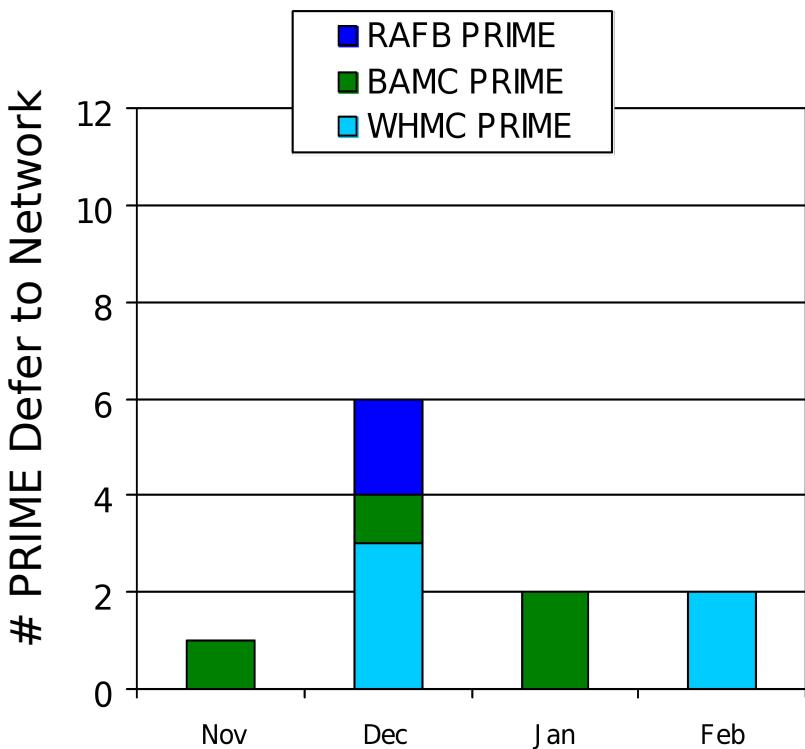
Vascular Surgery

Access to Care

- Standard for Specialty Appointments: 28 days
 - Avg Wait Time: 30 (as of Feb 05)

• **Not meeting standard**
for routine access to
specialty care

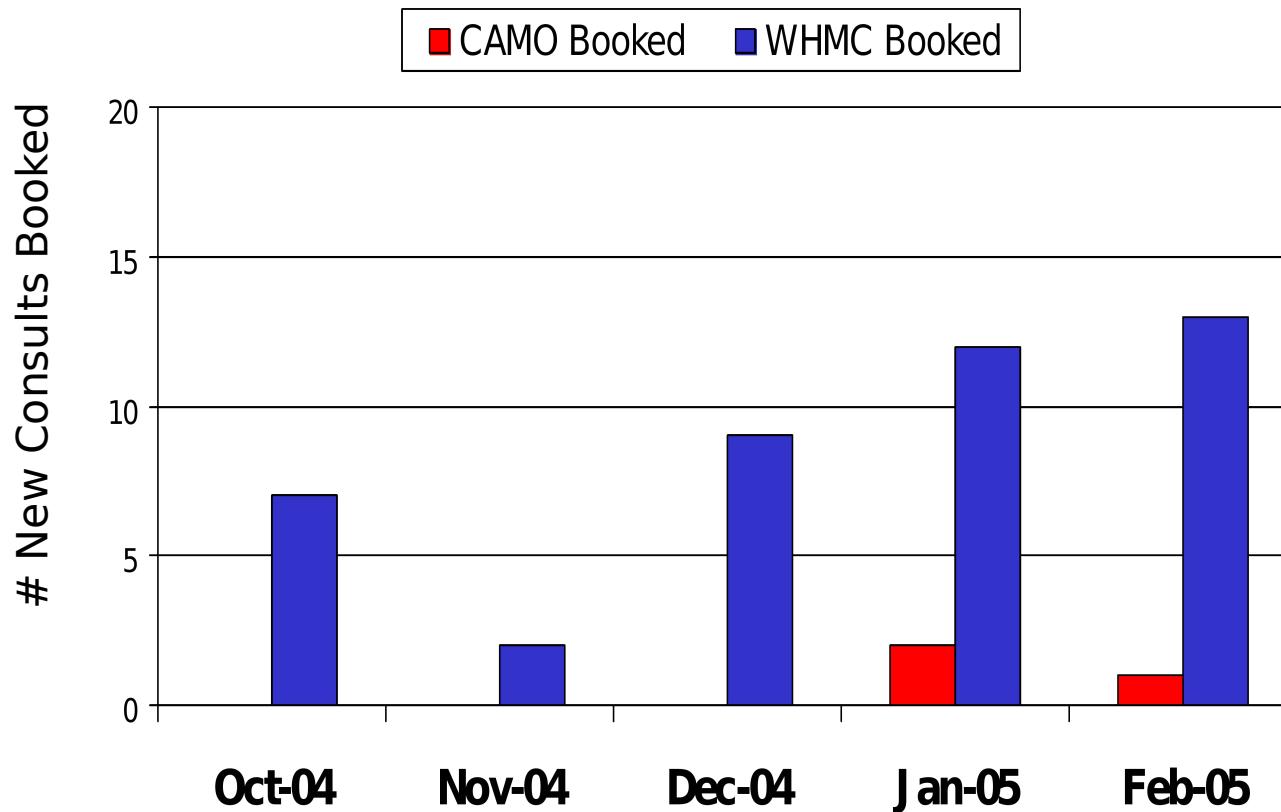
Vascular Surgery FY05 PRIME Referrals and ROFR*



* Right of First Refusal

- 11 PRIME Deferred in since 1 Nov
- 8 of 8 or 100% of ROFR consults appointed

Vascular Surgery CAMO Booking



- Only 3 new consults at BAMC were booked through the CAMO
- Conversely, 179 of 322 new consults at BAMC booked through CAMO

Vascular Surgery Coding Accuracy & Completion

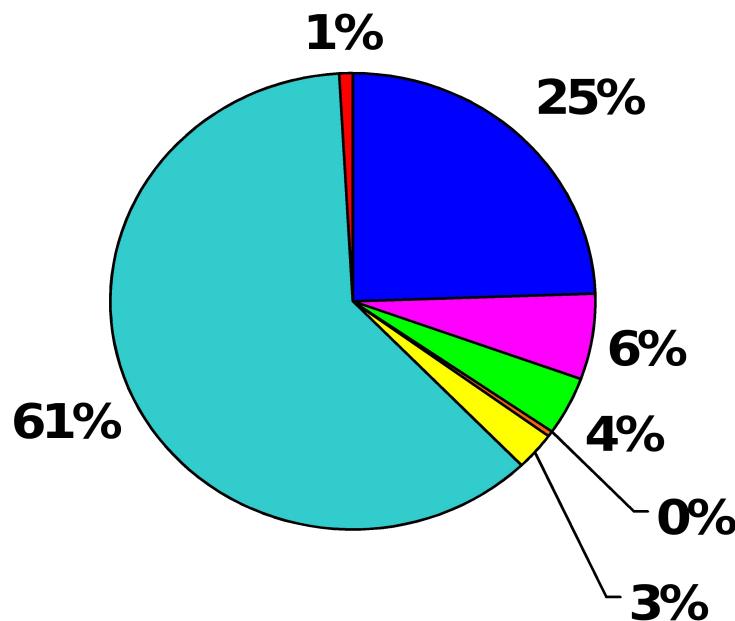


Accuracy  82.2% Overall in Jan 05 (Standard = 90%)

Last 2004 Audit January 2005		Comparison	
Coding Class	Correct Apr-04	% Correct Dec-04	Change
ICD-9	53.6%	78.9%	25.3%
CPT	100%	87.5%	-12.5%
E&M	63.7%	80.0%	16.3%

Coding Completion  85.7% Avg. Rate Aug 04- Feb 05;
~~Standard 95%
Lowered in Coding Support in Oct & Nov 04 Lowered
Completion Rates~~

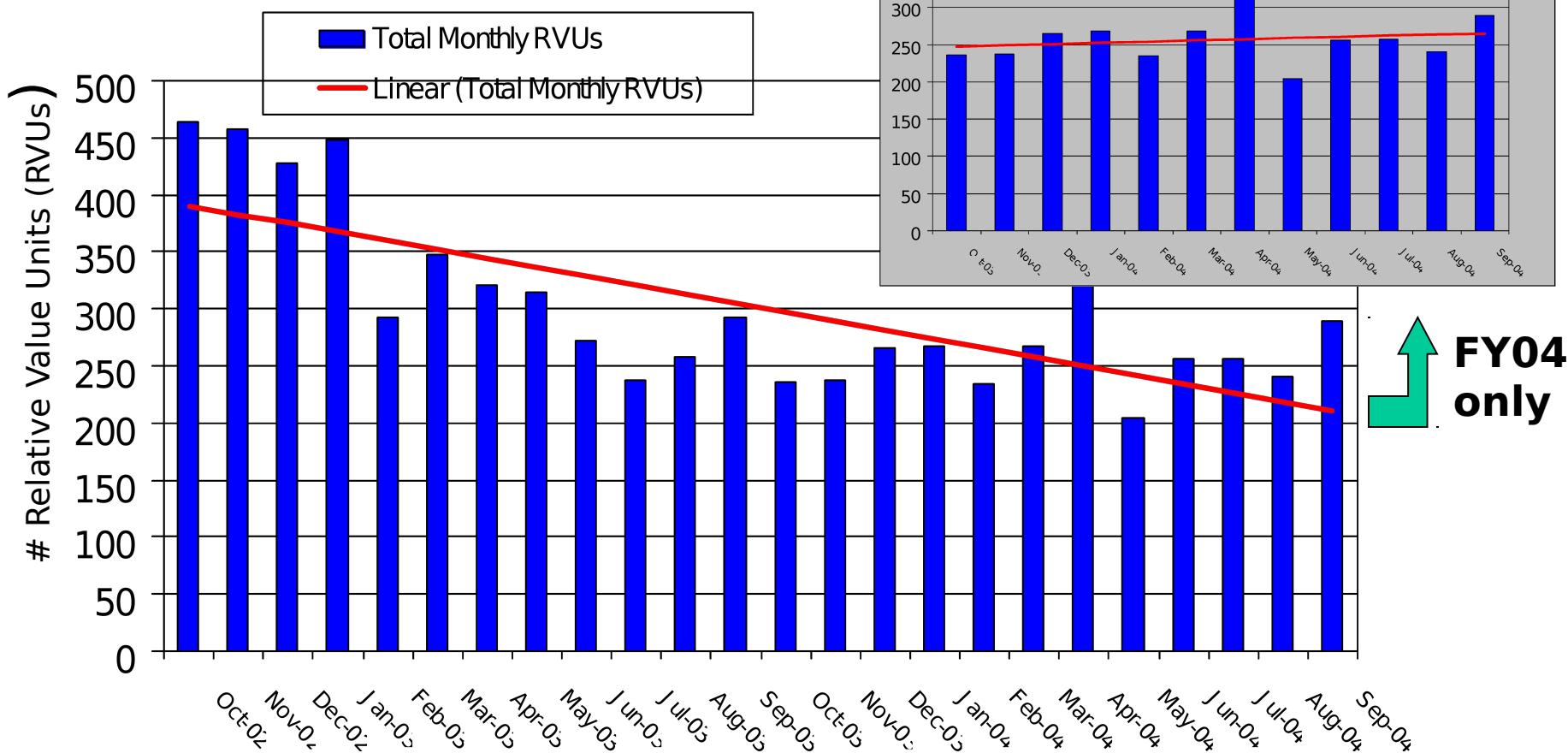
Vascular Surgery Sources of RVUs



~61% of Vascular Surgery RVUs are generated from patients over age 65

Vascular Surgery

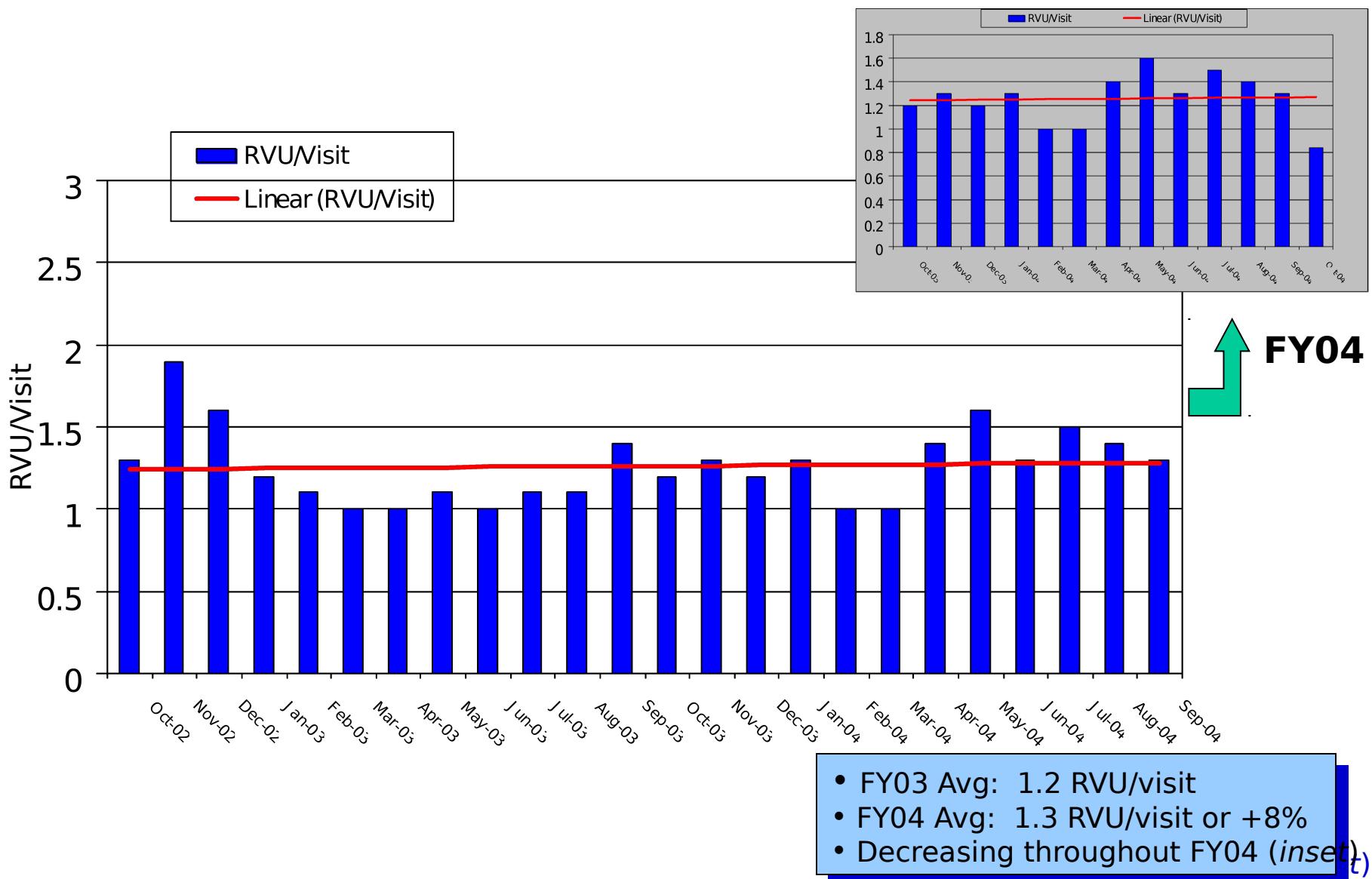
FY03-FY04 RVUs



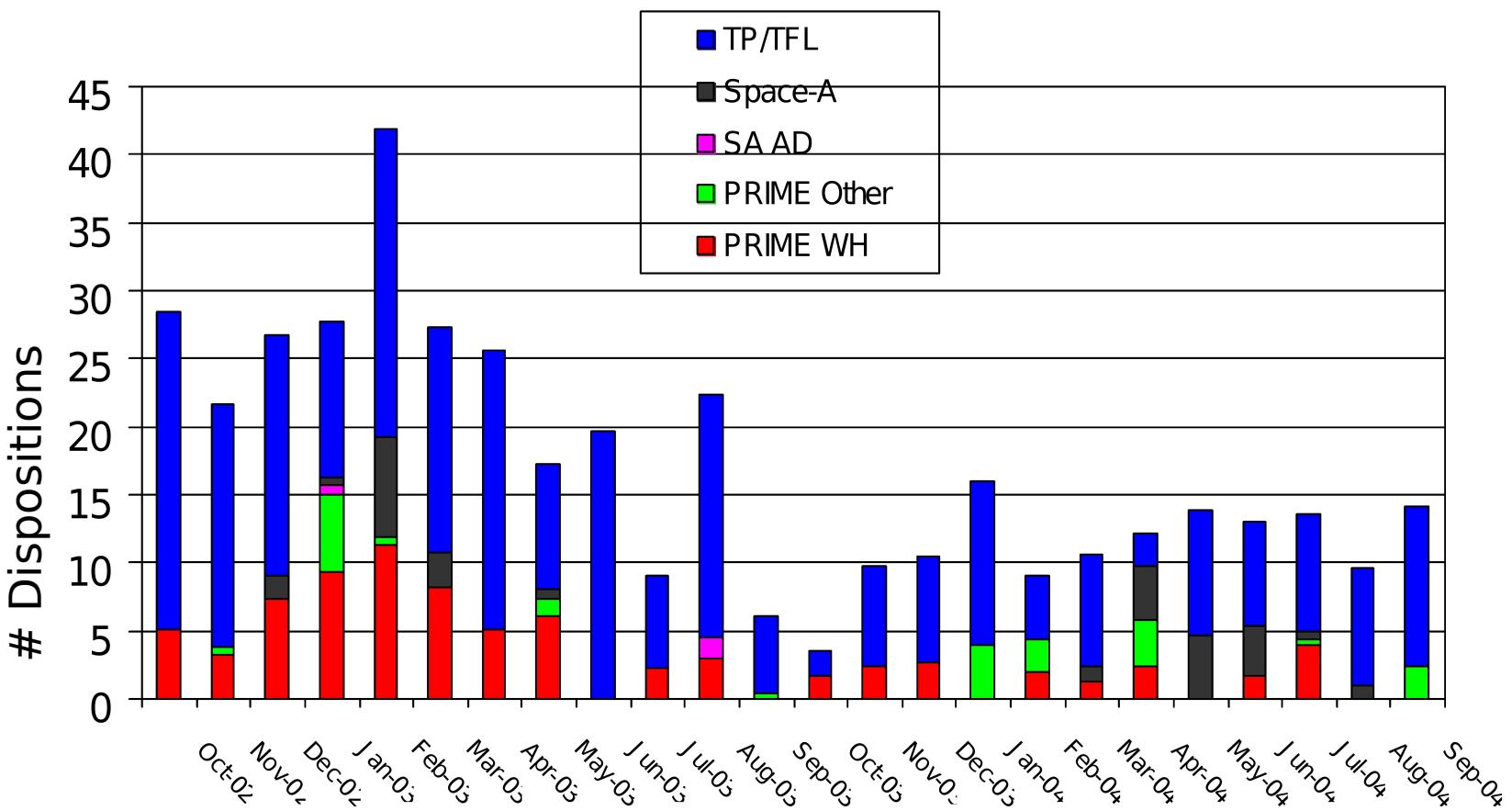
- Decreasing 25% (344/mo to 257/mo)
- FY04 increasing (inset)

Vascular Surgery

RVUs/Visit FY03-FY04



Vascular Surgery RWPs by Enrollment Type

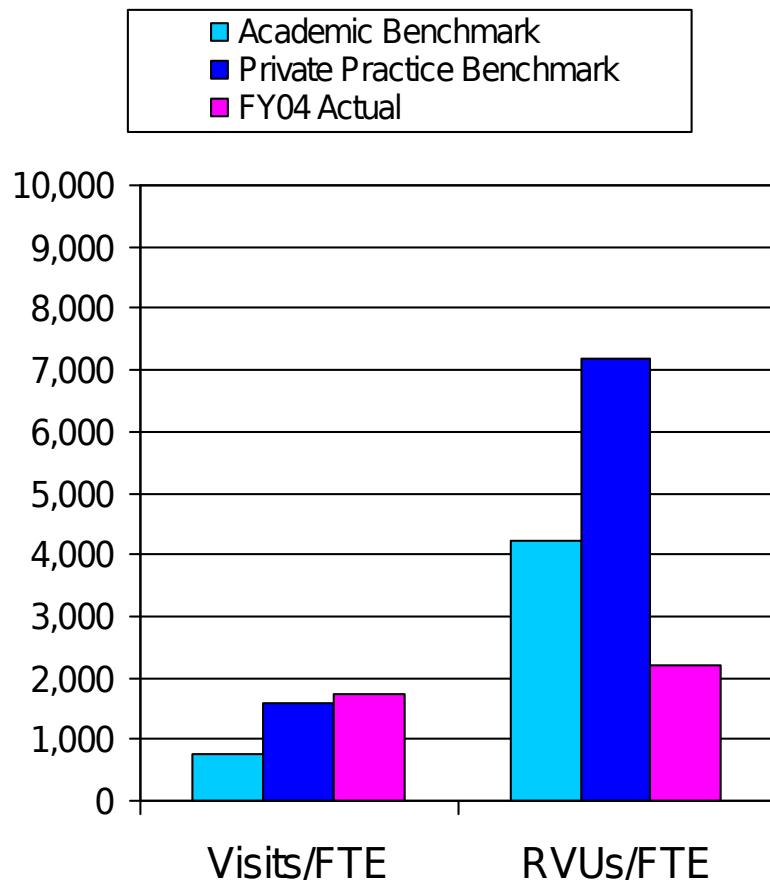


- Avg LOS: 5.2 days
- Avg RWP/Disp: 1.64
- Both > WHMC Avg

- FY03: 22.8 RWPs/mo
- FY04: 11.3 RWPs/mo

Vascular Surgery

Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	1.4
FY04 Visits	2,418
FY04 Visits/FTE	1,727
PP Benchmark (Visits/FTE)	1,573
% Compared to Acad. Benchmark	110%
FY04 RVUs	3,078
RVU/Visit	1.3
RVU/FTE	2,199
PP Benchmark (RVUs/FTE)	7,201
% Compared to Acad. Benchmark	31%

Est.

- Private Practice benchmark average is 4.6 RVUs/visit

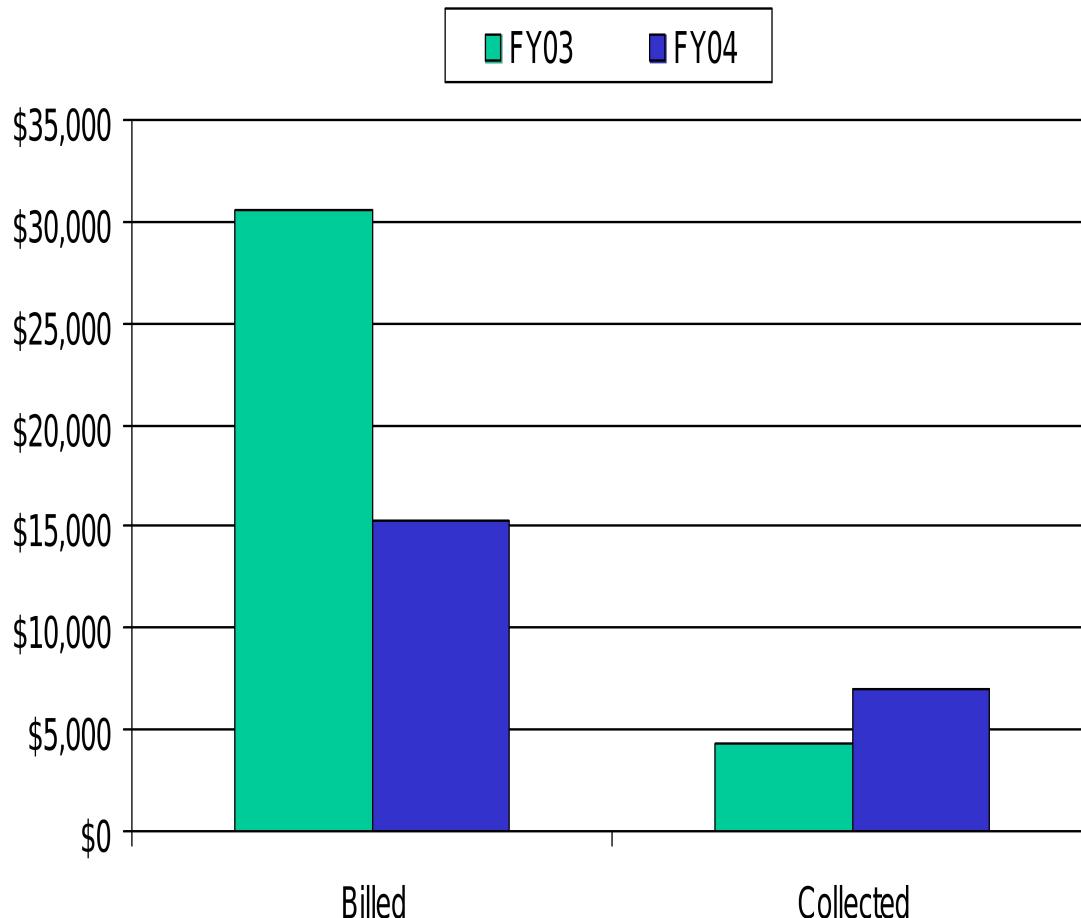
Vascular Surgery Business Plan Goals

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: At *minimum*, focus on meeting/exceeding your FY04 LOE
 - Your FY04 performance compared to FY03 LOE below

RVUs	FY03	FY04	Difference	\$ Impact @ \$74/RVU
PRIME WHMC	1,127	755	-372	(\$27,528)
Other PRIME	201	311	110	\$8,140
Active Duty Unenrolled	15	8	-7	(\$518)
Space A	206	117	-89	(\$6,586)
TP/TFL (age 65+)	2,585	1,887	-697	(\$51,578)
Total	4,134	3,078	-1,055	(\$78,070)
RWPs	FY03	FY04	Difference	\$ Impact @ \$6K/RWP
PRIME WHMC	61	18.3	-42.7	(\$256,200)
Other PRIME	8.7	12.6	3.9	\$23,400
Active Duty Unenrolled	2.2	0	-2.2	(\$13,200)
Space A	12.9	14.9	2	\$12,000
TP/TFL (age 65+)	189	90	-99	(\$594,000)
Total	273.8	135.8	-138	(\$828,000)

**Minimum FY05
Goals:**
RVUs: 3,078 total or
257 RVUs/mo
Inpatient: ~ 7
Disp/mo

Vascular Surgery Reimbursements FY03 vs. FY04



- Billing down 50% (Medigap impact)
- Collections up 61%
- Rate of collections on the \$
• FY03: 0.14
• FY04: 0.45

Vascular Surgery

Next Steps

- Step 2
 - Follow-up: TBD
- Step 3
 - Projected WHMC/BAMC Brief: May 05



Integrity - Service - Excellence